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CONFIRMATION NO. 3137

<b>SERIAL NUMBER</b> 10/781,250	<b>FILING OR 371(c) DATE</b> 02/18/2004 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2616	<b>ATTORNEY DOCKET NO.</b> 160-034
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**APPLICANTS**

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 Laura Bridge, Sharon, NH;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/449,602 02/24/2003 and claims benefit of 60/466,448 04/29/2003  
 and claims benefit of 60/472,320 05/21/2003  
 and claims benefit of 60/472,239 05/21/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 05/14/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 62	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature: <i>[Signature]</i> Initials: <i>FD</i>				

**ADDRESS**

34845

**TITLE**

Program for selecting an optimum access point in a wireless network on a common channel

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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